

AGENDA ITEM VII

PROPOSED CURRICULAR REVISION

INTERCOLLEGIATE CONSORTIUM FOR A MASTER OF SCIENCE IN NURSING (ICMSN) PROGRAM

UNIVERSITY OF LOUISIANA-LAFAYETTE, SOUTHERN UNIVERSITY-BATON ROUGE, SOUTHEASTERN LOUISIANA UNIVERSITY, AND MCNEESE STATE UNIVERSITY

BACKGROUND

A. THE INTERCOLLEGIATE CONSORTIUM FOR THE M.S. IN NURSING - 1989 Through 2003

1. Origins

The ICMSN (hereafter referred to as “the consortium”) is a cooperative agreement among four institutions: Southeastern Louisiana University (SLU), Southern University - Baton Rouge (SUBR), University of Louisiana at Lafayette (ULL), and McNeese State University (McNeese). Initially created by Board of Regents’ action in May 1989, the consortium has evolved with changes in professional licensure requirements, academic and technological capabilities, and other opportunities. **It should be noted at the outset that the consortium was formed after the 1981 Consent Decree and prior to the 1994 Settlement Agreement; hence, this structure has been freely formed and developed by the four institutions involved without judicial mandate.**

2. Structure

The structure of the consortium can be summarized as a cooperative system for sharing the faculty, resources, and administration needed to provide high-quality Master-level education in several specialty areas of professional nursing.

a. Specialty Areas

Under initial provision, each institution was to offer core nursing courses required of all degree specialties and assigned a specific responsibility for course offerings in a unique specialty areas, as follows:

SLU	Specialty: Community Psychosocial Nursing Functional Roles: Nurse Administrator, Nurse Educator, CNS, NP in Community Psychosocial Nursing
SUBR	Specialty: Family Health Functional Roles: Nurse Administrator, Nurse Educator, CNS, NP in Family Health
McNeese	Specialty: Adult Health Functional Roles: Nurse Administrator, Nurse Educator, CNS, NP in Family Health (FNP)
ULL	Specialty: High Risk Home Health Functional Roles: Nurse Administrator, Nurse Educator, CNS, NP in High Risk Home Health

b. Functional Roles

Institutions were also authorized to provide instruction in three “functional nursing roles,” but only in their given specialty areas (as shown above). In August 1996, responding to changes in professional practice, the Board of Regents approved a fourth functional role, “nurse practitioner” (NP), after consultation with external reviewers. The curricular structure of the consortium was, and remains, a product of this division of sole authorities for specialty areas and the sharing of common core coursework and instruction in functional roles.

3. Internal Governance

Operations of the Consortium are controlled by its Governing Council. This Council is composed of the deans of nursing from each institution.

4. Student Progress Through the Consortium

Students progress through the MSN program in the following fashion. A student enrolls in one of the four institutions. The student may then elect to major either in the specialty area offered by the institution or in another specialty area offered by another campus.

There are two primary ways that a student may progress through the consortium:

1. A student at SUBR decided to major in Family Health, takes and completes all core courses and specialty area courses at SUBR, and receives a degree from SUBR.
2. A student at SUBR decides to major in High Risk Home Health (offered by ULL). That student first declares a “home institution”(either SUBR or ULL), takes and completes core courses at SUBR, and takes and completes

specialty courses from ULL. The degree would then be awarded by their chosen “home institution.”

B. PROPOSED CHANGES TO THE ICMSN - 2002 Through 2004

1. Early Discussions

In 2002, member institutions began to discuss possible changes to the types and locations of specialty area and role instruction. Three campuses (ULL, SLU, and McNeese) concluded that all specialty areas and roles should be offered at all campuses and that these degrees could be awarded by all campuses as well. Moreover, ULL had determined that High Risk Home Health was no longer a viable specialty since there was no longer any professional certification available for its students. All three institutions agreed that there was a ever growing need for additional, master-level medical-surgical, gerontological, and psychosocial nurses across a wide range of function roles both in their communities and across the state and nation.

2. Germination of a New Consortium, Meeting of Chief Academic Officers

In Spring 2003, these three institutions expressed their concerns within the Governing Council of the ICMSN. While exact details are somewhat unclear, it appeared to these three universities that SUBR was not interested in changing the current consortial arrangement. Shortly thereafter, the Vice Presidents for Academic Affairs at ULL, SLU, and McNeese requested a meeting with Mr. Gerard Killebrew to resolve their conundrum. Mr. Killebrew contacted Dr. Brenda Birkett, then Vice Chancellor for Academic Affairs at SUBR. A meeting between all parties was scheduled. At the close of this meeting, it was agreed that while SUBR was not interested in making any changes to their own Nursing offerings, neither would they object if the other three universities chose to pursue their desired curricular changes within the context of a new consortium. This decision was reemphasized in an e-mail from Dr. Birkett dated March 31, 2003. [Staff Note: This document is on file in the Office of Academic Affairs.] As a result, Mr. Killebrew authorized ULL, SLU, and McNeese to proceed with a proposal for a new consortium.

3. Proposal for New Consortium Between ULL, SLU, and McNeese

In May 2003, the Regents staff received a proposal from the three UL System members of the ICMSN to create a new consortium. The institutions cited changes in professional licensure requirements and critical needs for more and different nurse training opportunities as pressures that suggested such revisions to the degree options and the means of their delivery.

Briefly, the proposal was to adjust the role and specialty offerings in a way that allowed each of the three institutions to grant an M.S.N. degree that educated students for the following speciality areas and roles:

<u>Specialty Area</u>	<u>Role(s)</u>
Adult Psychiatric & Mental Health, Gerontology	Clinical Nurse Specialist, Nurse Practitioner
Medical-Surgical	Clinical Nurse Specialist
Adult Health	Nurse Practitioner
n/a	Nurse Administrator
n/a	Nurse Educator

4. External Review of Proposed New Consortium

To assist its review of proposed changes, the staff engaged the services of three consultants: Dr. Barbara Johnston, Associate Dean of Graduate Programs, Texas Tech University Health Sciences Center; Dr. M. Dee Williams, Executive Associate Dean and Associate Dean for Clinical Affairs, School of Nursing, University of Florida; and Dr. Kay Lindgren, Director and Graduate Coordinator, School of Nursing, University of Tennessee, Chattanooga. As an External Review Committee, they visited the three ULS campuses during November 10-13, 2003. They also visited with Dr. Janet Rami, Dean of the College of Nursing at SUBR, to receive her perceptions of the proposal. On December 17th, the ERC issued a final report, which was sent to each participating campus. The staff asked for a single, comprehensive response from the participating campuses. This response was received on January 5, 2004. Copies of the ERC Final Report, along with the institutional response and the original proposal, were then sent to the Southern University System and SUBR's School of Nursing. Copies of the ERC Final Report and the institutional response were also sent to the Louisiana State Board of Nursing.

5. Report of the External Review Committee

The External Review Committee's report was positive and recommended the approval of the new consortium. There were recommendations for improvements and refinements which the three campuses addressed subsequently. A summary of reviewers' recommendations and institutional responses is attached. (See Attachment.) The staff's assessment of institutional responses was favorable. Plans were made to bring this item to the Board of Regents for consideration as soon as possible so as to accommodate their desire for a Fall 2004 implementation date.

C. SUBR CONCERNS

1. Objections from SUBR

In mid-January 2004, Dr. Janet Rami contacted the staff to express concerns about the possible adverse impact which implementation of the new consortium might have upon SUBR's M.S. and Ph.D. programs in Nursing. A meeting with Dr. Rami, Mr. Killebrew, and Ms. Connie Koury, Assistant to the Commissioner for Desegregation and Legal Affairs, was held in late January to address these concerns. The staff believed that agreement had been reached on critical issues during this meeting, but Dr. Rami later voiced further objections in a letter dated March 2, 2004. [Staff Note: This document is on file in the Office of Academic Affairs.] A summary of SUBR's concerns are detailed below:

- a. **Duplicate Offerings at SLU** - It appeared to SUBR that SLU was duplicating course offerings for both its B.S. and M.S.N. programs to the extent that the SLU's School of Nursing Baton Rouge site might be construed as a "branch campus," which would contravene mandates of the Settlement Agreement.
- b. **Impact on M.S.N.** - The creation of a separate consortium without SUBR could have an adverse impact on M.S.N. students at SUBR. Students would not have access to the range and number of specialty areas they previously possessed, were SUBR not part of the new consortium. Further, SUBR expressed interest in pursuing a Gerontology specialty within its M.S.N. program which would probably not be given equal consideration were the new consortium already to offer this area.
- c. **Impact on Ph.D.** - As a result of the *Desegregation Settlement Agreement*, SUBR had been granted a new Ph.D. program in Nursing in 1998. Any reduction in breadth and depth of M.S.N. program offerings at SUBR could adversely impact the quality of the Ph.D. program. The projected new M.S.N. option in Gerontology was also considered to be a key element in the further development of the Ph.D. program.
- d. **Program Accreditation** - The ICMSN was accredited by National League of Nursing Accrediting Commission (NLNAC) as a single program. Hence, exclusion of SUBR from the new consortium would require separate accreditation for its consequently stand-alone M.S.N. program and thus might place its accreditation in unnecessary jeopardy.

2. Staff Response

With regard to SUBR's concerns above, the staff immediately proceeded as follows:

- a. **Duplicate Offerings at SLU** - Data was sought from SLU to determine whether SUBR's concerns had merit. After careful review, the staff concluded that SLU's Nursing program and course offerings in Baton Rouge had actually decreased since 1994 when the *Settlement Agreement* was reached. No substantive evidence existed that suggested "branch campus" status for SLU in Baton Rouge.
- b. **M.S.N., Ph.D., and Accreditation Issues** - Even though a) the ICMSN was neither part of the 1981 Consent Decree nor the 1994 *Settlement Agreement*, and b) the Ph.D. program was established at SUBR without consideration of its role in the ICMSN, the staff was concerned that there be no suggestion whatsoever that Regents' actions might be construed as possibly having an adverse impact on SUBR's Nursing programs. Accordingly, Dr. Rami's letter was circulated to ULL, SLU, and McNeese, and a request was made for an appropriate response.

3. **Response from ULL, SLU, and McNeese**

In a joint letter dated May 6, 2004, the Vice Presidents for Academic Affairs at ULL, SLU, and McNeese responded as follows:

In the interests of best serving the students of south Louisiana, McNeese State University, Southeastern Louisiana University, and the University of Louisiana at Lafayette respectfully withdraw at this time the current proposal for programmatic change relative to the Master of Science in Nursing offered by our institutions. Rather, we request that critical curricular redesign be pursued in a timely manner through collaborative efforts among the four member institutions of the ICMSN.

D. **REVISED PROPOSAL**

Considering the critical need for immediate changes to current ICMSN offerings, Dr. Joe Savoie, Commissioner of Higher Education, asked for a meeting between all affected parties to resolve outstanding differences and develop a plan for future action. On May 17, 2004, Dr. Savoie, Dr. Jimmy Clarke (Deputy Commissioner for Planning, Research, and Performance), Mr. Killebrew, and Ms. Koury met with representatives from the SU and UL Systems and all four affected campuses. Reaffirming their desire to provide for accessible, high quality education that met the needs of both the state's general population and students, all parties agreed to the following:

1. **The ICMSN remains in effect between Southern University-Baton Rouge (SUBR), the University of Louisiana-Lafayette (ULL), Southeastern Louisiana University (SLU), and McNeese State University (McNeese).**

- 2. The composition of the Governing Council for the ICMSN will be expanded to include the Vice President/Chancellor for Academic Affairs of each member university and a member of the staff of the Board of Regents (ex-officio) to be appointed by the Commissioner of Higher Education. Mr. Gerard Killebrew, Associate Commissioner for Academic and Student Affairs, is appointed to be the Regents' representative.**
- 3. The Board of Regents will immediately entertain the proposal from ULL/SLU/McNeese for program changes to MSN program offerings (with the exception of the Gerontology option/specialty, to be considered later). This proposal has already been reviewed by a team of external consultants, the consultants' report submitted, and institutional responses to the consultants' report received. Regents' deliberations of this proposal will be guided by the report of external consultants and institutional responses to the consultants' report. Since the program changes referred to above do not duplicate existing or proposed MSN program options/specialties that have been or proposed to be offered by SUBR, unnecessary program duplication will not be a relevant issue. Any and all actions taken by the Board of Regents concerning these proposals will be within the context and structure of the ICMSN.**
- 4. SUBR will submit a proposal for a new Gerontology option/specialty as part of its MSN program offerings. Upon receipt of this proposal, the Board of Regents will hire an appropriate external consultant to conduct an expedited review. The report of the external consultant will be sent to SUBR for a response. Once SUBR's response has been received, the Board of Regents will simultaneously consider both SUBR's proposed Gerontology option/specialty and the ULL/SLU/McNeese's proposed Gerontology option/specialty. Regents' deliberations of these proposals will be guided by reports of external consultants and institutional responses to those reports. Any and all actions taken by the Board of Regents concerning these proposals will be within the context and structure of the ICMSN.**
- 5. The next meeting of the ICMSN will be convened by Mr. Killebrew as soon as possible to effect changes to the Consortium as required by nos. 1 and 2 above and to implement any and all subsequent Regents' actions concerning proposed new program options as described in nos. 3 and 4 above.**

This agreement was confirmed in a letter to all parties dated May 20, 2004. [Staff Note: This document is on file in the Office of Academic Affairs.]

E. STAFF SUMMARY FOR REVISED PROPOSAL

The staff commends the ICMSN member institutions and their administrations for cooperating in an educational arena that is complex both in nature and history. The proposed changes to the ICMSN curriculum should work to alleviate the nursing shortage in Louisiana and be a great benefit to students and citizens. It is important to note that the changes recommended below do not in any way duplicate existing or proposed MSN offerings at SUBR.

The staff notes that the recommendations below do not address proposals for the Gerontology specialty. The original ULL/SLU/McNeese proposal contained a Gerontology specialty which was recommended for approval by the consultants. However, SUBR has just submitted its proposal for the same. SUBR's proposal is being reviewed by an external consultant. Once results of this review are known, the staff will work to reconcile the two as quickly as possible.

F. STAFF RECOMMENDATIONS

The staff recommends that the Academic and Student Affairs Committee of the Board of Regents approve the following:

- 1. Approval is granted for all four institutions (Southern University-Baton Rouge, the University of Louisiana at Lafayette, Southeastern Louisiana University, and McNeese State University) of the Intercollegiate Consortium for the M.S. in Nursing to offer M.S. in Nursing degrees in the following specialty areas and roles:*

<u><i>Institution</i></u>	<u><i>Specialty Area</i></u>	<u><i>Role(s)</i></u>
<i>SUBR, ULL, McNeese, and SLU</i>	<i>Adult Psychiatric & Mental Health</i>	<i>Clinical Nurse Specialist, Nurse Practitioner</i>
	<i>Adult Health</i>	<i>Nurse Practitioner</i>
	<i>Medical-Surgical</i>	<i>Clinical Nurse Specialist</i>
	<i>NA</i>	<i>Nurse Administrator</i>
	<i>NA</i>	<i>Nurse Educator</i>

The Governing Council of the ICMSN shall immediately proceed with all necessary actions needed to implement these curricula at all affected institutions as soon as feasible.

- 2. In addition, SUBR will continue to offer its current array of Family Health curricula.*

3. *All master-level programs in Nursing at the four affected institutions shall be identified as M.S. in Nursing (CIP Code 51.1601). All previous degree titles and CIP Codes used to reference these degrees are now obsolete.*

ATTACHMENT

**RECOMMENDATIONS OF THE EXTERNAL REVIEW COMMITTEE, WITH UNIFIED
RESPONSES FROM ULL, SLU, AND MCNEESE**

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ADJUST CLINICAL HOURS, OBJECTIVES

Report:

[Staff: The ERC recommended that required clinical hours and objectives be adjusted for different tracks and courses.]

Response:

We agree with these recommendations... Adjustments will be made... This process will be completed during the Spring 2004 semester.

ADD NEW COURSES TO NURSING EDUCATION CURRICULUM

Report:

Add distinct courses in advanced health/physical assessment, advanced pathophysiology, and advanced pharmacology to the nursing education curriculum.

Response:

Please note that pharmacology, pathophysiology, and health assessment content is integrated throughout the nurse educator curriculum. As a follow-up, however, this recommendation will be discussed at the first Graduate Faculty Organization Committee meeting in Spring 2004 to ensure that we are in accordance with all national standards.

REVISE THESIS/CAPSTONE REQUIREMENTS

Report:

Delete the thesis requirement from the nursing education curriculum, permitting students in this track the option to choose a clinical project. Delineate a capstone experience that will eliminate the need for students to complete both a clinical project (or thesis) and a comprehensive examination. If a clinical project is retained... eliminate the requirement that it be a research project...

Response:

The consortium agrees to allow students enrolled in the nurse educator curriculum the option of either the thesis or clinical research project, effective Spring 2004. We agree that these issues warrant further discussion across the consortium. Decisions... will be finalized in Spring 2004.

Every effort will be made to incorporate the reviewers' recommendations on these issues.

PLAN TO ENSURE PROPER FACULTY NUMBERS, CREDENTIALS

Report:

Develop a planned approach and timeline with strategic benchmarks to ensure a sufficient number of faculty members are appropriately credentialed... Recruit a faculty member who is nationally certified in advanced nursing administration before implementing the nursing administration specialty track... Explore opportunities [for professional development]... Establish common, standard expectations for faculty-

Response:

The first objective [approach and timeline] is already included in the consortium's Five Year Master Evaluation Plan. By year 2006, the consortium envisions a sufficient increase in appropriately credentialed faculty per specialty track. With regard to [faculty for advanced nursing administration], the consortium agrees and will recruit accordingly. We will work individually with faculty to... allow faculty to achieve the required practice hours needed for national certification. With regard to [common, standard expectations for faculty-student interactions], the consortium has extensive distance learning policies in place intended to address all components of this recommendation.

PLAN TO ENSURE SUFFICIENT NUMBERS OF QUALIFIED PRECEPTORS

Report:

Develop a plan to ensure a sufficient number of qualified clinical preceptors are available so that master's degree students have a majority of clinical experiences with preceptors credentialed and licensed in the student's specialty track and role.

Response:

We plan to use on-going, proven processes already in place across the Consortium to secure qualified faculty. We currently have preceptors across the consortium for the new proposed tracks... and have identified new local and regional preceptors. The consortium plans to seek qualified preceptors prior to offering any clinical courses in the proposed new tracks. This is in line with current LSBN approval and NLNAC standards. The number of preceptors needed will be based on teaching/learning needs and enrollment figures.

DEVELOP EFFICIENT COURSE ROTATION, ADMISSION, AND ENROLLMENT PROCESSES FOR EACH SPECIALTY AREA

Report:

[Staff: The ERC recommended that the ICMSN develop plans, matrices, and procedures for managing course rotation, admissions, and enrollment. Faculty coordinators and directors

should be nationally certified in the areas they coordinate and direct.]

Response:

The consortium already has numerous on-going processes to address these issues, and many of these recommendations are addressed each academic year as a matter of course. For example, the consortium has designated faculty per specialty area, as presented in these recommendations. Also, three-year campus/course offerings, curriculum implementation timelines, and faculty teaching assignments are completed, as presented in the proposal.

The nurse educator track will be implemented immediately, with the nurse practitioner and clinical nurse specialty tracks to be implemented in Fall 2005. Currently, the nursing administration track is still in development; probably its earliest implementation will not occur before 2006.

REFINE DISTANCE LEARNING STANDARDS AND PROCEDURES

Report:

[Staff: The ERC made four general recommendations in this area, with three to four specific recommendations per general area. The recommendations ranged from technological issues, to promulgating common faculty and student expectations, to establishing plans for regular curricular/technological assessment.]

Response:

Items referred to in recommendations 1 (a-c) and 3 (a-c) already exist. Measures to implement recommendations 2 and 4 are already in place... The consortium will continue to develop or enhance processes to ensure that all issues are adequately addressed and to maintain a leadership position in distance education within the state.

MAXIMIZE STUDENT INVOLVEMENT

Report:

Each of the Consortium colleges should establish mechanisms, or make additional efforts to involve students in existing mechanisms, for student participation in student organizations and college committees. The Consortium Coordinating Council should establish representative panel of students to advise Consortium colleges on issues related to implementation of the proposed master's degree program.

Response:

In Spring 2004, the consortium will implement a Graduate Nursing Student Advisory Committee by which graduate students across all programs and specialty tracks will meet four times per academic year to discuss all program issues... This committee will report directly to the consortium Deans.

The consortium has recently updated the bylaws (November 2003) that reflect student and faculty participation on committees at each university and on consortium committees as well. The NLNAC reviewed student and faculty participation on the graduate committee in Fall 2001 and found all related activities to be in compliance with accreditation standards. The consortium members will continue to work to maximize student involvement as recommended.